Little Pets Playgroup
Day Care of Children

Wardlawhill Parish Church
Hamilton Road
Rutherglen
Glasgow
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Telephone: 07481569651

Type of inspection:
Unannounced

Completed on:
8 September 2026

Service provided by:
Little Pets Playgroup

Service provider number:
SP2003001470

Service no:
CS2003006434

About the service

Little Pets Playgroup is registered to provide a care service to a maximum of 26 children aged two years to those not yet attending primary school at any one time, with no more than 10 aged two years to under three years. The service operates Monday to Friday term-time only and is provided from Wardlawhill Parish Church in Rutherglen, South Lanarkshire. The hours of operation are currently 08:45 until 14:45.

The provider is Little Pets Playgroup, a management committee. The service is in partnership with South Lanarkshire Council to provide early learning and childcare funded places for eligible children.

About the inspection

This was an unannounced inspection which took place on 7 and 8 August 2026.

The inspection was carried by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:
- observed practice and staff interactions with children
- spoke with the manager and staff
- gathered feedback from four families
- reviewed documents
- spoke with some of the children.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection, two improvements were identified. These were relating to medication and quality assurance systems. These are reported under the Quality indicator: Leadership and management of staff and resources.

Key messages

- Children experienced caring, nurturing relationships that supported their wellbeing, confidence and sense of security.
- Systems for the safe storage, recording and administration of medication should be improved to ensure children's health and wellbeing needs are met.
- Quality assurance systems were at the early stages of development. These should be further developed to ensure effective monitoring of key areas of the service and to support continuous improvement.
- The leadership team engaged well during the inspection process and demonstrated a commitment to improvement.
- Child-led planning was developing. The service should continue to embed this approach to ensure children's interests and voices inform their play and learning experiences.
- The service should review staff deployment at key points in the daily routine. This would help maximise access to all play spaces and maintain effective supervision.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

Leadership	3 - Satisfactory / Adequate
Children thrive and develop in quality spaces	4 - Good
Children play and learn	4 - Good
Children are supported to achieve	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

Leadership 3 - Satisfactory / Adequate

Quality indicator: Leadership and management of staff and resources.

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

A mission statement was in place which focused on prioritising the needs of children and families and providing a safe, secure and nurturing environment. It promoted values of happiness and wellbeing through kindness. These values were reflected in practice during the inspection. Staff joined children in their play and used respectful, positive language to support children to interact well with each other.

The leadership and staff team were welcoming, reflective, and open to feedback throughout the inspection. They actively welcomed guidance and support which demonstrated a commitment to continuous improvement. They engaged positively in professional discussions and showed a willingness to consider how practice could be further developed. This approach supported a culture of learning and improvement to support positive outcomes for children.

Quality assurance processes were at an early stage of development and required further strengthening to support positive outcomes for children. An overview calendar had been introduced to support key management tasks. An accident monitoring tool had been developed to support the identification of patterns and trends. The service should continue to build on these systems to ensure monitoring processes effectively support improvement including routine monitoring of medication, personal plans and review of risk assessments. This was identified as an area for improvement at the previous inspection and will be repeated.

The service had an improvement plan in place which demonstrated a commitment to improving outcomes for children. The leadership team recognised that the service was on an improvement journey and showed a willingness to reflect on practice and identify areas for development. Progress had been made in some priority areas, including the introduction of responsive planning approaches and a review of play spaces to better support children's interests, engagement, and learning. The service had also completed the Care Inspectorate Improvement Programme, demonstrating a commitment to professional learning and continuous improvement.

Quality indicator: Staff skills, knowledge values and deployment.

We evaluated this quality indicator as satisfactory/adequate where strengths just outweighed the weaknesses.

The service had a stable and consistent staff team who demonstrated a commitment to providing positive outcomes for children. Staff had developed positive relationships with the children and demonstrated an understanding of their individual needs, interests and stages of development.

The manager and senior member of staff were undertaking their degree in childhood practice and other staff were working towards appropriate qualifications. All staff were registered with the Scottish Social Services Council (SSSC), demonstrating the service's commitment to ensuring staff met the required professional standards.

Staffing levels were appropriate to meet the needs of the children. Staff deployment was mostly effective. Staff were responsive to children and generally positioned themselves appropriately as children moved between areas. To further strengthen practice, the service was encouraged to consider allocating a staff member to the outdoor area to support free flow play. This would support children's choice to access the outdoor area.

The service was also encouraged to review staffing arrangements at key points in the daily routine, including snack and nappy-changing times. This would help maximise staff deployment, maintain effective supervision and ensure staff remained available to support children's play, learning and wellbeing.

A range of training and professional learning opportunities had been made available to staff. This included mandatory training such as child protection and first aid, alongside opportunities to develop knowledge and skills in areas including schemas, neurodiversity and Makaton. This demonstrated the service's commitment to developing staff knowledge and supporting positive outcomes for children.

Some leadership responsibilities had also been introduced within the staff team, for example, responsibility for overseeing personal planning. This provided opportunities for staff to develop their leadership skills and contribute to the wider management of the service. The service was encouraged to build on these opportunities by further developing leadership roles and strengthening management oversight to ensure responsibilities were clear and consistently monitored.

Appraisal and supervision arrangements had been planned but had not yet been implemented. Introducing regular supervision and appraisal meetings would provide staff with opportunities to reflect on their practice, identify strengths and areas for development, and agree professional learning goals.

To support consistently high-quality care and support, we suggested that each staff member have a personalised professional learning and development plan. This would help ensure that training and development opportunities were linked to individual roles, responsibilities, children's needs and the service's improvement priorities.

Areas for improvement

1. To ensure children experience consistently high-quality care and learning, the provider should continue to develop and implement clear and organised quality assurance and self-evaluation processes. This should include, but not be limited to, gathering the views of children, parents, and staff, and developing systems to monitor key areas of the service, including children's care, wellbeing, safety, environment and learning experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

Children thrive and develop in quality spaces 4 - Good

Quality indicator: Children experience high quality spaces.

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Appropriate measures were in place to support children's safety and security. Entry to the setting and the enclosed garden were secure, and daily registers were completed to ensure all children were accounted for. As a result, children were cared for in a safe and secure environment.

Children had access to a bright, welcoming playroom with clearly defined areas for literacy, role play, creativity, sand and water play. The environment was calm, comfortable and homely, with natural light, neutral tones and spaces for children to rest and relax. Children could access their personal belongings from the peg area, supporting their sense of ownership and belonging. As a result, children had a comfortable and well-organised environment that supported their wellbeing, play and learning.

Resources were stored at children's height, allowing them to independently choose what they needed to support their play and interests. A range of resources promoted curiosity, creativity, literacy and numeracy. Children could also move resources between indoor and outdoor areas, enabling them to extend their ideas. As a result, children were able to make independent choices and use resources to develop their own play and learning.

Children had access to an enclosed garden and separate mud kitchen, with covered areas allowing outdoor play in different weather conditions. As a result, children had regular opportunities to enjoy outdoor experiences to support their overall wellbeing.

Daily risk assessments and safety checklists were in place for indoor, outdoor and outing environments. These provided staff with guidance to identify and manage potential hazards. Outdoor, indoor and outing risk assessments would benefit from further development to ensure checks are specific to the environment, activities and individual circumstances. This would further support children to experience safe environments and enable risks to be identified and managed consistently.

Children were supported to wash their hands, appropriate PPE was available and the environment was clean. Improvements had been made to the toilet and nappy-changing areas in response to the identified area for improvement. Infection prevention and control could be further strengthened through regular monitoring of staff practice, including handwashing. This would help reduce the spread of infection and support children's health and wellbeing.

Children play and learn 4 - Good

Quality indicator: Playing, learning and developing.

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Staff were developing responsive, child-centred planning. The new floor book showed how children's interests were identified and used to plan experiences. For example, children's interest in baking was developed through making cakes, while their interest in bugs and bunnies was extended through further experiences and learning opportunities. As a result, children's interests and ideas influenced their experiences, helping them feel valued and supporting meaningful learning through play.

Most children were engaged in their play and confidently chose how they wanted to spend their time. A range of experiences and resources supported curiosity, creativity and imagination, including water play, painting, playdough, construction and role play. On some occasions, individual children were less engaged. Staff should continue to consider how they can support these children to become involved in meaningful experiences while respecting their choices and individual pace.

Children had opportunities to develop literacy and numeracy through everyday play. They enjoyed stories, mark-making, sensory writing activities, singing and exploring concepts such as quantity through filling and emptying through sand play.

Staff played alongside children and showed genuine interest in their experiences. They responded to children's cues and supported positive relationships. Staff should continue developing open-ended questioning and sustained shared thinking to further extend children's ideas and learning.

Children accessed a range of loose parts and open-ended resources, including blocks, cardboard tubes, sand, and mud. These supported children to explore, investigate, and develop their own ideas through play. While there was a good range of resources available, further expanding open-ended materials would provide increased opportunities for creativity, problem-solving, and imaginative play.

Learning journals contained observations and photographs of children's experiences and were shared with families. Tracking sheets had also been introduced. We discussed with the manager how these could be further developed to clearly identify individual next steps and strategies for supporting progress.

Children accessed local community experiences, including visits to the library, parks and shops. Wider experiences included soft play and visits to the transport museum. Links with the local church also supported children's involvement in community events. This supported children to explore new environments and develop their knowledge of the local and wider community.

Children are supported to achieve — 4 - Good

Quality indicator: Nurturing care and support

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Children benefited from nurturing care and support that reflected their individual needs and preferences. Staff knew children well and were attentive to their cues, adapting their approach when children needed reassurance, support or flexibility. Warm and caring interactions were evident, with staff taking the time to talk, listen and engage with children. This helped them feel valued, secure and confident that their views and choices mattered.

Children's personal care was provided sensitively and respectfully. Staff protected children's privacy and dignity during nappy changing, and children were comfortable and secure in their care. Children's individual sleep and rest needs were considered. We discussed with the manager that the use of bean bags was not an appropriate sleep arrangement and that sleep practices could be further strengthened by ensuring suitable sleep equipment was consistently available. This was actioned on the second day of the inspection through the introduction of sleep mats. This strengthened safe sleep practices and helped ensure children could rest in a safe and comfortable environment.

Mealtimes were relaxed and sociable, with warm interactions between children and staff. Children made choices and developed independence by selecting some foods and clearing away afterwards. Providing further opportunities for children to self-serve would help them take greater ownership of mealtimes and continue to build their confidence and independence.

Children were well supported when starting nursery and when preparing to move on to school. Settling arrangements were flexible and responsive to individual needs, allowing children time to become familiar with the environment and build relationships at their own pace. Staff worked with families and other professionals to share relevant information which helped children experience positive and well-planned transitions.

Positive relationships with families helped promote consistency in children's care and experiences. Warm and friendly interactions at collection times provided opportunities to exchange information and helped families feel welcomed and involved in their child's care. Parents we spoke with were very positive about the service and valued the care their children received. Increasing opportunities for families to contribute to the wider development of the service would further strengthen these partnerships.

Personal plans contained useful information about children's interests, routines, preferences and care needs which helped staff know children as individuals. Plans could be strengthened by ensuring important information is consistently recorded and updated when children's needs change. This would give staff a clear and current understanding of the care and support each child requires. Children requiring additional support had individual plans in place, and staff worked with other professionals to help them receive the right support. This collaborative approach helped promote consistency in children's care and provided a shared understanding of their needs.

Children's safety and wellbeing were promoted through appropriate child protection arrangements. Staff had completed relevant training and understood how to recognise and report concerns. Building staff confidence to escalate concerns directly to the appropriate agency, when required, would further strengthen arrangements for keeping children safe.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service provider, manager and staff should establish systematic and rigorous procedures for self evaluation and monitoring of the service, using local and national guidance and legislation, which leads to clear plans for the improvement of the service.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'
(HSCS 4.19)

This area for improvement was made on 12 May 2017.

Action taken since then
The service had an improvement plan in place which demonstrated a commitment to improving outcomes for children and progress had been made in some priority areas.

Quality assurance and self evaluation processes were at an early stage of development and required further strengthening to support positive outcomes for children.

As a result, this area for improvement will remain but has been reworded to reflect current findings.

Previous area for improvement 2

The manager should ensure practices and procedures are reviewed and improved with regards to policies, procedures and practice relating to child protection. This would contribute towards children's safety and wellbeing and more robust record keeping.

This includes:
- devising and following a written absentee policy for all children
- devising a written whistleblowing policy for staff
- implementing and maintaining chronologies for children where required.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 13 December 2019.

Action taken since then
The service had developed and implemented policies, procedures, and practices relating to child protection, including an absentee policy, a whistleblowing policy, and the use of chronologies where required. These measures supported consistent safeguarding practice, strengthened record keeping, and helped to promote children's safety, wellbeing, and protection.

This area for improvement has been met.

Previous area for improvement 3

The provider and manager should ensure that they are aware of the required records which must be kept by the service, the required notifications which must be made to the Care Inspectorate and the timescales of these. Information is detailed within the document 'Records all services (excluding childminders) must keep and notification reporting guidance.'

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state, I use a service and organisation that are well led and managed.
(HSCS 4.23)

This area for improvement was made on 12 May 2017.

Action taken since then

The service have made appropriate notifications to the Care Inspectorate within the appropriate timeframes.

This area for improvement has been met.

Previous area for improvement 4

The provider and manager should review and update the arrangements for the storage, preparation and serving of food and drinks for children. This includes:

- following the local environmental health guidelines for food safety
- equipment used in the preparation is of a good standard
- ensure the required records are in place to show food safety guidelines are followed
- ensuring all food is stored correctly and hygienically within a designated food cupboard or refrigerator, as required
- ensuring all snacks and lunches take account of nutritional guidance detailed within good practice documents
- appropriate hand washing facilities in food preparation area (also in other areas)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child, 'I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

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This area for improvement was made on 13 December 2019.

Action taken since then

The service had reviewed and updated arrangements for the storage, preparation, and serving of food and drinks. Appropriate food safety procedures and records were in place, food was stored hygienically, and handwashing facilities were available to support good infection prevention and control practices. The service had also considered nutritional guidance when planning snacks and meals. As a result, children were supported to enjoy food and drink in a safe, hygienic, and healthy environment that promoted their wellbeing.

This area for improvement has been met.

Previous area for improvement 5

To support children's wellbeing, learning and development the provider should ensure each child has a personal plan. These should include, but not limited to;
- children's health and wellbeing needs
- how the service plans to support these
- be created in consultation with parents, staff, and other professionals

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "my care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made on 21 August 2025.

Action taken since then

Personal plans were in place for children and were developed in consultation with parents when children started at the service and reviewed every six months. Where children required additional support, the service worked in partnership with specialist services and other agencies to support their health, wellbeing, and development. As a result, children's individual needs were identified and planned for appropriately.

This area for improvement has been met.

Previous area for improvement 6

Nappy changing and toilet areas need improved to ensure good infection prevention and control measures are followed. These should include, but not limited to;
- Good practice for use and storage of potties
- Suitable nappy waste disposal
- Well ventilated spaces
- Possible step to support children onto the changing unit, for ease.
- Easy clean surfaces

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child, 'I experience an environment that is well looked after, clean tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

This area for improvement was made on 21 August 2025.

Action taken since then

The service had improved nappy changing and toileting arrangements to support good infection prevention and control practices. Appropriate systems were in place for the use and storage of potties, nappy waste disposal and maintaining clean, hygienic environments. Improvements had also been made to support children's comfort, independence and safety during personal care routines. As a result, children experienced personal care in an environment that promoted their health, wellbeing, and dignity.

This area for improvement has been met.

Previous area for improvement 7

The premises risk assessments should be reviewed to ensure all safety measures are implemented to reduce possible harm to children. These should include, but not limited to;

- All hazardous material to be stored out of reach of children.
- Safe storage of mops and buckets.
- Radiators are secured to wall.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child, 'I experience an environment that is well looked after, clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24)

This area for improvement was made on 21 August 2025.

Action taken since then

The service had reviewed premises risk assessments and taken action to address identified hazards. Hazardous materials were stored safely out of children's reach, mops and buckets were stored appropriately, and radiators had been secured. These improvements helped to reduce potential risks within the environment and supported children to experience a safe, well-maintained setting that promoted their health, wellbeing, and safety. The service should further develop risk assessments to ensure these are specific to the environment and activity.

As a result, this area for improvement will remain but has been reworded to reflect current findings.

Previous area for improvement 8

Children are cared for by people who have been appropriately and safely recruited. This requires a service to be well managed and to be implementing best practice guidance for safe recruitment.

This is to ensure the quality of the management is consistent with the Health and Social Care Standards, which state that as a child, I use a service that is well led and managed and care for by people who have been appropriately and safely recruited. (HCSC 4.23 & 4.24)

This area for improvement was made on 21 August 2025.

Action taken since then

There had been no new staff recruited since the last inspection, however the manager had reviewed the service recruitment procedures to ensure it reflects current best practice. The manager had developed a safer recruitment checklist to support the consistent recording of recruitment checks. We were satisfied procedures now met guidance for any future recruitment.

This area for improvement has been met.

Previous area for improvement 9

To ensure the health and wellbeing of children the providers should ensure the service management of medication policy and procedure follows good practice guidance. To achieve these improvements are needed, this includes but is not limited to, medication being administered following the prescription instructions. This requires accurate information to be recorded on the medication records for the staff to follow.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that as a child, any treatment or intervention that I experience is safe and effective. (HCSC 1.24)

This area for improvement was made on 21 August 2025.

Action taken since then

Medication procedures did not reflect current guidance. It did not record reason for medication, last dose of medication administered by parents and the medication policy required to be updated to provide clear guidance to staff.

As a result, this area for improvement will remain in place.

This area for improvement has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

Detailed evaluations

Leadership	3 - Satisfactory / Adequate
Leadership and management of staff and resources	3 - Satisfactory / Adequate
Staff skills, knowledge, values and deployment	3 - Satisfactory / Adequate

Children thrive and develop in quality spaces	4 - Good
Children experience high quality spaces	4 - Good

Children play and learn	4 - Good
Playing, learning and developing	4 - Good

Children are supported to achieve	4 - Good
Nurturing care and support	4 - Good

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